

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**



**CERTIFIED NURSING ASSISTANT  
Supplemental Application Examination**

Please read and follow these instructions carefully.

This examination will consist solely of the attached Supplemental Application questionnaire, which will be used to evaluate your qualifications as they relate to the *Certified Nursing Assistant* classification. The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Names of successful candidates will be merged onto the eligible list based on their final scores. The eligible list will be used by the California Department of Veterans Affairs to fill existing positions at the **Veterans Homes of California in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, and West Los Angeles.**

A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

The instructions below should be read carefully and understood before completing this examination. Failure to do so may result in an inability to process your Supplemental Application Questionnaire and disqualification from this examination.

It is required that you personally complete this Supplemental Application Questionnaire accurately and without assistance. The information that you provide will be verified prior to employment. Providing false information on this supplemental application could result in removal from the examination process, removal from the eligible list, loss of State employment, and/or loss of the right to compete in any future State examinations. Please read and sign the affirmation below:

**This Affirmation must be completed**

The law requires that all State civil service examinations to be confidential and impartial and provides legal remedies to be taken against persons impairing the fairness of the testing procedure. Discussing or providing information to other competitors or interested persons about the questions or procedures of this examination is a violation that may result in cancellation of the candidacy of any competitor or the entire examination.

As a participant, I hereby certify that I will maintain the confidentiality of this examination and that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand that if it is discovered that I have made any false representations, I will be removed from the eligible list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_

Mail your completed Supplemental Application Questionnaire and a Standard State Application (STD 678) to the address listed on Page 2. You may download a copy of the Form STD 678 from the CalHr's web site at: <http://jobs.ca.gov/pdf/std678.pdf>

**For Mailing Instructions, please see Page 2.**

*Continue on next page*

**MAILING INSTRUCTIONS:** You cannot submit this Supplemental Application Questionnaire electronically. Your completed Supplemental Application Questionnaire **AND** a Standard State Application Form (STD Form 678) must be mailed or filed in person to the following address:

California Department of Veterans Affairs  
1227 O Street Room 404  
Sacramento, CA 95814  
Attn: CNA Exam

Be sure to enter your name on the space provided on EACH PAGE.  
Make and keep a copy of the completed Supplemental Application for your records.  
Your completed Supplemental Application **must** include your original signature.

For further filing instructions and/or other questions, please refer to the Examination Bulletin at [www.jobs.ca.gov](http://www.jobs.ca.gov), or you may call the Department at (916) 653-2535.

## SECTION I – MINIMUM QUALIFICATIONS

*All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (STD Form 678) clearly indicates your education, experience, and licensure information needed to meet the minimum qualifications for this examination.*

**Minimum Qualifications:** Possession of a current Nursing Assistant Certificate issued by the Department of Health Services. And

Six months of patient care experience as (1) a medical corpsman in a branch of the armed forces; (2) a practical vocational nurse under the direction of a doctor; or (3) an attendant caring for the physically ill, handicapped or disable patients in a public or private institution.

Please indicate if you have the following:

1. Do you possess a valid, current certificate from the State of California Department of Health Services to practice as a Certified Nursing Assistant?

☐ Yes

☐ No

Certificate #: \_\_\_\_\_

## SECTION II – JOB REQUIREMENTS

***Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of these job requirements, it will be grounds for elimination from the examination process.***

	YES	NO
2. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you willing to undergo annual health review?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/>	<input type="checkbox"/>

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### SECTION III – WORK EXPERIENCE

**INSTRUCTIONS:** To respond appropriately to Questions 5 - 21, please check the corresponding box in each column that accurately reflects your work experience. (NOTE: You must check only one box for each item under “Years of Experience” AND one box for each item under “Frequency”.)

#### Rating Scales:

##### Years of Experience

- I have less than 6 months experience performing this task.
- I have 6 months to 1 year experience performing this task.
- I have more than 1 year to 3 years experience performing this task.
- I have more than 3 years performing this task.

##### Frequency

- I have performed this task daily
- I have performed this task weekly
- I have performed this task monthly
- I have not performed this task

#	ITEM	YEARS OF EXPERIENCE				FREQUENCY			
		I have less than 6 months Experience performing this task.	I have 6 months to 1 year performing this task.	I have 1 year to 3 years performing this task.	I have more than 3 years performing this task.	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not performed
5.	Perform routine hospital techniques for bathing, feeding, making beds and caring for patient's clothing and other property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Perform nursing assistant duties such as positioning, ambulating, transferring, and turning bed-ridden patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Obtain and record vital signs (e.g., blood pressure, pulse, temperature, respiration).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#	ITEM	YEARS OF EXPERIENCE				FREQUENCY				
		I have less than 6 months Experience performing this task.	I have 6 months to 1 year performing this task.	I have 1 year to 3 years performing this task.	I have more than 3 years performing this task.		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not performed
8.	Measure and record patient's height, weight, intake and output of fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Collect and label urine and stool specimens for laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Observe, chart, and report patient's clinical symptoms, behavior, and treatment administered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Prepare patients for examination by physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Escort patients by wheelchair or walker to intramural or extramural medical, health, or other community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Perform immediate and temporary interventions to patients in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Encourage patients to develop and maintain muscle tone and range of motion to increase ability to perform daily living activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Motivate and assist patients to develop self-reliance in activities of daily living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Provide assistance to staff/personnel with admission, transfer, or discharge of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Maintain infection control by using standard and transmission based precautions, hand hygiene, and personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#	ITEM	YEARS OF EXPERIENCE				FREQUENCY			
		I have less than 6 months Experience performing this task.	I have 6 months to 1 year performing this task.	I have 1 year to 3 years performing this task.	I have more than 3 years performing this task.	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not performed
18.	Assist with placing, removing and cleaning patient's prosthetic devices and hearing aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Provide care of patients with tubing (catheters and 02).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Encourage patients in accepting and using special devices and equipment (e.g. cane, walker).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Encourage patient participation in activities to improve their mental outlook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE.**

I UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICATIONS OR JOB REQUIREMENTS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_

By signing above, I hereby certify that all the information entered on this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

*Continue on next page*

## SECTION IV – CONDITIONS OF EMPLOYMENT

If you are successful in the exam, your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form.

**Please choose the location(s) you are willing to work. You may choose more than one location; however if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are a long way from your residence.**

☐ Barstow (3601)

☐ Redding (4504)

☐ Chula Vista (3702)

☐ Ventura (5609)

☐ Fresno (1005)

☐ West Los Angeles (1975)

☐ Lancaster (1938)

**Please choose the type(s) of appointment you will accept. You may choose one or more items.**

☐ Permanent Full-Time (D)

☐ Limited Term Full-Time (K)

☐ Permanent Part-Time (V)

☐ Limited Term Part-Time (W)

☐ Permanent Intermittent (T)

☐ Limited Term Intermittent (X)

☐ All of the Above (A)

**THIS COMPLETES THE SUPPLEMENTAL APPLICATION  
SEE PAGES 1 AND 2 FOR PROPER RETURNING AND MAILING PROCEDURES**